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Office: +1.650.856.6500
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CENTRAL FAX CENTER****MAY 25 2004****Preferred Fax: _____
If Problems: _____****OFFICIAL****May 25, 2004****PLEASE DELIVER THESE PAGES IMMEDIATELY****Number Of Pages (including cover): 6****To: Examiner Kieu D. Vu****FAX NO.: 1.703.305.3900****COMPANY: US Patent & Trademark Office****PHONE NO.: _____****FROM: Vid Bhakar****DIRECT DIAL NO.: +1.650.843.3215****E-MAIL: vbhakar@ssd.com****RE: U.S. Patent Application No. 09/731,814****Message:****Dear Examiner Kieu D. Vu,**

Per our discussion today, May 25, 2004, attached is a copy of the Power of Attorney papers we filed on May 21, 2004 for your review. Also, per our conversation, please fax me a copy of the figures submitted with the application so that I can prepare a response to the office action. My fax number is 650.843.8777.

If you have any questions or require any additional information, please feel free to contact me.

Sincerely,**Vid Bhakar, Reg. No. 42,323****CONFIDENTIALITY NOTICE:**

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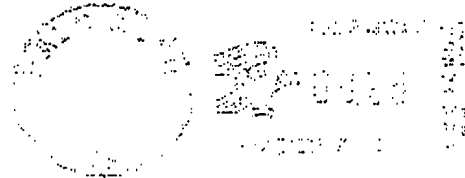
Sender No.: 07867**31904.00784****Eileen Janikowski****Job No: _____****Account No.****Return to Office****www.ssd.com**

Date Mailed: May 21, 2004 By: VRB/emj PTO DATE STAMP:
Application No.: 09/731,814 Docket No.: 31904.00784
Applicant: Roustem ZAINOULLINE
Title: INTERACTIVE GRAPHICAL USER INTERFACE AND METHOD FOR PREVIEWING MEDIA PRODUCTS

The following has been received in the U.S. Patent Office on the date stamped hereon:

- | | |
|---|---|
| <input type="checkbox"/> Patent Application ___ Pages ___ Claims | <input type="checkbox"/> Response/Amendment |
| <input type="checkbox"/> Drawings Informal ___ Sheets | <input type="checkbox"/> Petition for Extension of Time |
| <input type="checkbox"/> General Authorization / Request to Petition for Extensions of Time | |
| <input type="checkbox"/> Oath/Declaration | <input checked="" type="checkbox"/> Transmittal Form |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Verified Statement Claiming Small Entity Status | <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) |
| <input type="checkbox"/> Continued Prosecution Application (§1.53(d)) | <input type="checkbox"/> Issue Fee Transmittal with PTO-85b |
| <input type="checkbox"/> Provisional Application ___ Pages | <input type="checkbox"/> Copy of PTO-1533, Notice to File Missing Parts |
| <input type="checkbox"/> Design Application ___ Pages ___ Drawings | <input type="checkbox"/> Info. Disclosure Statement & PTO-1449/Refs ___ |
| <input type="checkbox"/> Status Letter | <input type="checkbox"/> Request to Correct Filing Receipt |
| <input type="checkbox"/> Check No. for \$ | <input type="checkbox"/> Check No. for \$ |
| <input type="checkbox"/> Power of Attorney | <input checked="" type="checkbox"/> Other: Revocation of Power of Attorney and Appointment of New Power of Attorney |
| <input checked="" type="checkbox"/> Certificate(s) of First Class Mailing | |

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600 Hansen Way, Suite 100
Palo Alto, CA 94304-1043



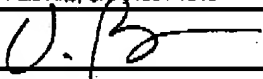
PTO/SB/21 (02-04)

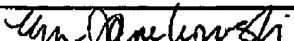
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/731,814
		Filing Date	December 8, 2000
		First Named Inventor	Roustem ZAINOULLINE
		Art Unit	2173
		Examiner Name	Kieu D. VU
Total Number of Pages in This Submission	4	Attorney Docket Number	31904.00784

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/c eclaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Revocation of Power of Attorney and Appointment of New Power of Attorney <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Vidya R. Bhakar, Reg. No. 42,323 Squire, Sanders & Dempsey, L.L.P. 600 Hansen Way Palo Alto, CA 94304-1043	
Signature		
Date	May 21, 2004	

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Eileen M. Janikowski		
Signature		Date	May 21, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0

Complete if Known

Application Number 09/731,814
Filing Date December 8, 2000
First Named Inventor Roustem ZAINOULLINE
Examiner Name Kieu D. VU
Art Unit 2173
Attorney Docket No. 31904.00784

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None
Order

☒ Deposit Account:

Deposit Account Number 25-0150
Deposit Account Name Squire, Sanders & Dempsey L.L.P.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$) 0

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims - -- = X =
Independent Claims - -- = X =
Multiple Dependent X =

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	-- Reissue independent claims over original patent	
1205	18	2205	9	-- Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0

*or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	2053	130	Non-English specification	
1812	2,520	2812	2,520	For filing a request for reexamination	
1804	920*	2804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	2805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	950	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	2451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	2460	130	Petitions to the Commissioner	
1807	50	2807	50	Processing fee under 37 CFR 1.17 (q)	
1806	180	2806	180	Submission of Information Disclosure Stmt	
8021	40	28021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	2802	900	Request for expedited examination of a design application	

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

Name (Print/Type) Vidya R. Shaks Registration No. (Attorney/Agent) 42,323 Telephone 650-858-6500
Signature Date May 21, 2004

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PTO/SB/82 (08-03)

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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT
OF
NEW POWER OF ATTORNEY**

Application Number	09/731,814
Filing Date	December 8, 2000
First Named Inventor	Roustem ZAINOULLINE
Art Unit	2173
Examiner Name	Kieu D. VU
Attorney Docket Number	31904.00784

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MAY 25 2004

OFFICIAL

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number : 30256☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

30256

OR

☐ Firm or
Individual Name

Address

Address

City

Country

State

ZIP

Telephone

Fax

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Roustem ZAINOULLINE

Signature

Date

May 21, 2004

Telephone

650-856-6500

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.☒ *Total of 1 forms are submitted.

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